



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Spalding for New Albany				
Full Name of Contributor Mark and Jane Thompson			Registration Number, if PAC	
Street Address PO Box 493	Employer/Occupation/Labor Organization* Huntington Bank		Date (MM/DD/YYYY) 11/12/2019	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Aaron and Sarah Underhill			Registration Number, if PAC	
Street Address 7668 SUTTON PL	Employer/Occupation/Labor Organization* Attorney -Underhill Underhill and		Date (MM/DD/YYYY) 11/12/2019	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Greg & Brooke Wancheck			Registration Number, if PAC	
Street Address 4569 NEISWANDER SQ	Employer/Occupation/Labor Organization* NiSource - attorney		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Lee and Karen Wiegand			Registration Number, if PAC	
Street Address 5035 NOTTING HILL DR	Employer/Occupation/Labor Organization* Hexion		Date (MM/DD/YYYY) 11/12/2019	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Jeff Wilcoxon			Registration Number, if PAC	
Street Address 3972 Faber Court	Employer/Occupation/Labor Organization* Nationwide Insurance		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 1100.00